COTTONWOOD CENTER

1311 NORTH DANZ AVENUE

GREEN BAY 54302 Phone: (920) 468-4802		Ownership:	Non-Profit Corporation		
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	FDDs		
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No		
Number of Beds Set Up and Staffed (12/31/02):	53	Title 18 (Medicare) Certified?	No		
Total Licensed Bed Capacity (12/31/02):	53	Title 19 (Medicaid) Certified?	Yes		
Number of Residents on 12/31/02:	52	Average Daily Census:	49		
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Services Provided to Non-Residents		Age, Sex, and Primary Diagr	Length of Stay (12/31/02)	용			
Home Health Care	No			Age Groups	%		17.3
Supp. Home Care-Personal Care	No				06.5	1 - 4 Years	19.2
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	86.5		63.5
Day Services	No		0.0	•	7.7		
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	5.8		100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent	5
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	sidents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	0.0	65 & Over	13.5		
Transportation	No	Cerebrovascular	0.0			RNs	3.8
Referral Service	No	Diabetes	0.0	Sex	%	LPNs	4.8
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	0.0	Male	63.5	Aides, & Orderlies	34.2
Mentally Ill	No			Female	36.5		
Provide Day Programming for			100.0				
Developmentally Disabled	Yes	I		I	100.0	I	

Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	<u> </u>		amily Care			anaged Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	00	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				51	100.0	127	0	0.0	0	1	100.0	100	0	0.0	0	0	0.0	0	52	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		51	100.0		0	0.0		1	100.0		0	0.0		0	0.0		52	100.0

Admissions, Discharges, and	1	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02											
Deaths During Reporting Period				% Needing		Total							
Percent Admissions from:	i	Activities of	%		sistance of	% Totally	Number of						
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents						
Private Home/With Home Health	8.3	Bathing	7.7		55.8	36.5	52						
Other Nursing Homes	0.0	Dressing	26.9		42.3	30.8	52						
Acute Care Hospitals	0.0	Transferring	69.2		11.5	19.2	52						
Psych. HospMR/DD Facilities	41.7	Toilet Use	53.8		32.7	13.5	52						
Rehabilitation Hospitals	0.0	Eating	71.2		17.3	11.5	52						
Other Locations	50.0	******	*******	*****	****	******	******						
Total Number of Admissions	12	Continence		%	Special Treatment	cs	%						
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter	0.0	Receiving Resp	iratory Care	1.9						
Private Home/No Home Health	0.0	Occ/Freq. Incontinen	nt of Bladder	32.7	Receiving Track	neostomy Care	1.9						
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	nt of Bowel	51.9	Receiving Suct:	Loning	0.0						
Other Nursing Homes	18.2				Receiving Ostor	ny Care	1.9						
Acute Care Hospitals	0.0	Mobility			Receiving Tube	Feeding	0.0						
Psych. HospMR/DD Facilities	27.3	Physically Restraine	ed	0.0	Receiving Mecha	anically Altered Diet	s 48.1						
Rehabilitation Hospitals	0.0												
Other Locations	36.4	Skin Care			Other Resident Ch	naracteristics							
Deaths	18.2	With Pressure Sores		3.8	Have Advance D	irectives	0.0						
Total Number of Discharges		With Rashes		0.0	Medications								
(Including Deaths)	11				Receiving Psych	noactive Drugs	40.4						

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility	Fac	CDD cilities	Fac	All ilties	
	%	용 	Ratio	% 	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	92.5	83.9	1.10	85.1	1.09	
Current Residents from In-County	65.4	38.2	1.71	76.6	0.85	
Admissions from In-County, Still Residing	16.7	18.5	0.90	20.3	0.82	
Admissions/Average Daily Census	24.5	20.3	1.20	133.4	0.18	
Discharges/Average Daily Census	22.4	23.6	0.95	135.3	0.17	
Discharges To Private Residence/Average Daily Census	0.0	9.8	0.00	56.6	0.00	
Residents Receiving Skilled Care	0.0	0.0	0.00	86.3	0.00	
Residents Aged 65 and Older	13.5	15.3	0.88	87.7	0.15	
Title 19 (Medicaid) Funded Residents	98.1	99.2	0.99	67.5	1.45	
Private Pay Funded Residents	1.9	0.6	3.36	21.0	0.09	
Developmentally Disabled Residents	100.0	99.5	1.00	7.1	14.08	
Mentally Ill Residents	0.0	0.4	0.00	33.3	0.00	
General Medical Service Residents	0.0	0.1	0.00	20.5	0.00	
Impaired ADL (Mean) *	38.8	54.0	0.72	49.3	0.79	
Psychological Problems	40.4	48.2	0.84	54.0	0.75	
Nursing Care Required (Mean) *	7.2	11.3	0.64	7.2	1.00	